

BRCu INCOMPLETE STUDENT REPORT

Submit this form to the BMV along with the appropriate Course Completion Report for any student who is unable to complete the course for any reason or who does not successfully pass the course.

Student Name: _____ DOB: _____

Course Location: _____ Dates: _____

Classroom Instruction *(PLEASE CIRCLE THE SECTIONS COMPLETED)*

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16

Range Exercises *(PLEASE CIRCLE THE EXERCISES COMPLETED)*

Day 1 Exercise 1 Exercise 2 Exercise 3 Exercise 4 Exercise 5 Exercise 6 Exercise 7 Exercise 8

Day 2 Exercise 9 Exercise 10 Exercise 11 Exercise 12 Exercise 13 Exercise 14

Knowledge Test Score	Knowledge Retest

Student quit during or before the Skills Test	
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Skills Test Results

Evaluations 1 thru 4 score: _____ (11 or more is failing)

Evaluation 5 score: _____

TOTAL SCORE: _____ (16 or more is failing)

Unsuccessful Score Criteria:

General Observations and Instructor Recommendations:

Instructor: _____ Date: _____

(Printed name of the Instructor who evaluated the student and prepared the report.)